

EMPLOYEE TIME OFF REQUEST

EMPLOYEE INFORMATION

Name _____ Dept: _____

Job Title: _____

Supervisor Name _____

Starting date _____ Ending date _____

I will return to work on _____

bereavement

TYPE OF REQUEST

JURY DUTY TM Must attach Jury Summons

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Other: _____

COMMENTS

CERTIFICATION & APPROVALS

I understand that time away from work is subject to my supervisor's approval and college policies.

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Employee Engagement _____ Date: _____

Completed form must be returned to the Office of Employee Engagement for processing.

